



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5582

SERIAL NUMBER 10/074,379	FILING OR 371(c) DATE 02/12/2002 RULE	CLASS 422	GROUP ART UNIT 1753	ATTORNEY DOCKET NO. 112440-529
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

Charles E. Taylor, Sebastopol, CA;
 Shek Fai Lau, Foster City, CA;
 Andrew J. Parker, Novato, CA;
 Tristan M. Christianson, San Francisco, CA;
 Gregory S. Snyder, Novato, CA;
 Edward C. McKinney JR., San Rafael, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/341,377 12/13/2001
 and claims benefit of 60/306,479 07/18/2001
 and is a CIP of 09/774,198 01/29/2001 PAT 6,544,485
 and is a CIP of 09/924,624 08/08/2001
 which is a CON of 09/564,960 05/04/2000 PAT 6,350,417
 which is a CIP of 09/186,471 11/05/1998 PAT 6,176,977
 This application 10/074,379
 is a CIP of 09/730,499 12/05/2000 PAT 6,713,026
 which is a CON of 09/186,471 11/05/1998 PAT 6,176,977

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/18/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 39	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
--	--	-----------------------------------	---------------------------------	-------------------------------	------------------------------------

ADDRESS

29190

TITLE

ELECTRO-KINETIC AIR TRANSPORTER AND CONDITIONER DEVICE WITH ENHANCED MAINTENANCE
 FEATURES AND ENHANCED ANTI-MICROORGANISM CAPABILITY

FILING FEE RECEIVED 1444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
--	---	--

<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit _____